								Application or Docket Number					
	PATENT	APPLICATIO Effect	RD		TAS	0	9						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP		NTITY	OR	OTHER		
TOTAL CLAIMS			16				R	ATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		SIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			16 minus 2 0=			*		\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			了 minus 3 =		*		X	43=		OR	X86=		
MU	LTIPLE DEPEN	NDENT CLAIM P	RESENT				 	145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	OTAL	205	OR	TOTAL		
CLAIMS AS AMENDED - PART II								/ / /	20,2		OTHER	THAN	
		(Column 1)		(Colum	nn 2)	(Column 3)	SMALL		ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X	5 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=			+290=		
								TOTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)							ADDIT FEEOR ADDIT FEE					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$	S 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X	13=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									5			
								45= IOTAL		OR	+290= TOTAL		
								r. FEE	,	OR ,	ADDIT. FEE		
-	· ·	(Column 1) CLAIMS	· .	(Colum		(Column 3)			······	· •		<u> </u>	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO	BER JUSLY	PRESENT EXTRA	RA	TE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
YME	Independent	*	Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			ı			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								15= OTAL		OR	+290= TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADD										OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					found in	the app	ropriate box	in col	umn 1.		